



OFFICE OF THE NASSAU COUNTY CLERK

MAUREEN O'CONNELL, COUNTY CLERK

240 OLD COUNTRY ROAD
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WWW.NASSAUCOUNTYNY.GOV/AGENCIES/CLERK/

**HURRICANE / SUPER STORM SANDY NEW YORK STATE
FEE REFUND APPLICATION**

In accordance with Nassau County Resolution No. 108-2013 applicants requesting refund of New York State fees paid to the Office of the Nassau County Clerk from October 29, 2012 through October 25, 2013 are required to fully complete, execute and submit this form along with evidence of payment in the form of a receipt issued by the Nassau County Clerk's office. The form must be signed by applicants and notarized. This form must be submitted in person or sent via certified/registered mail to the address above.

I/We the undersigned certify that the following statements herein made in this application are true and correct; that these fees are not covered or have not been reimbursed through a private insurance policy or by any Federal, State, or local disaster relief assistance; and such relief is necessary due to the effects of Hurricane / Super Storm Sandy.

(Applicants providing false information in connection with this request shall be guilty of a class A misdemeanor, subject to a fine of five thousand dollars and/or imprisonment, in addition to any other penalty provided by law.)

NAME OF PARTIES

ALL NAMES MUST APPEAR EXACTLY AS THEY DO ON THE RECORDED DOCUMENT

- 1) _____
- 2) _____
- 3) _____

PROPERTY INFORMATION

Section _____ Block _____ Lot _____ Unit (if applicable) _____

ADDRESS WHERE REFUND WILL BE MAILED & CONTACT INFORMATION

ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER _____

FEMA IDENTIFICATION / CASE NUMBER _____

PARTIES SIGNATURES & NOTARIZATION

ALL PARTIES LISTED ABOVE MUST SIGN AND BE NOTARIZED

SIGN (*In Presence of Notary*)

PRINT

1) _____

2) _____

3) _____

Sworn before me this _____ day of _____, 20____

Notary Public

FOR OFFICE USE ONLY

Land Records: Information Verified Against Recorded Instrument, F-11 Entry Made & Refund Approved
Refund Amount \$ _____ Initials: _____

Accounting: VS Document Entered, Claim Voucher Submitted to County Comptroller to Process to Treasurer
Refund Amount \$ _____ Initials: _____